

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/13/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional PT 3 x 4 to right foot/ankle

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as stepping in a hole and twisting at work. MRI of the right foot dated 03/08/14 revealed no acute internal derangement. MRI of the right ankle dated 03/08/14 revealed the anterior talofibular ligament appears thin compatible with remote injury; no meniscoid lesion in the anterolateral gutter is identified. Functional capacity evaluation dated 03/14/14 indicates that required PDL is heavy and current PDL is sedentary. Note dated 03/18/14 indicates that medications are listed as metoprolol and Xarelto. On physical examination right foot and ankle range of motion is extension 0, flexion 15 degrees. There is tenderness to palpation over the anterior talofibular ligament laterally and also over the tarsometatarsal joint of the great toe over the medial arch. Diagnoses are sprain/strain of lateral ankle; contusion of midfoot; and occult tarsal fracture.

Initial request for additional PT 3 x 4 to right foot/ankle was non-certified on 03/20/14 noting that the patient has completed 6 physical therapy visits to date. There was no documentation of exceptional indications for therapy extension and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits. Formal supervised physical therapy is not indicated at this time. Appeal letter dated 03/25/14 indicates that the patient will benefit from additional sessions of physical therapy. The denial was upheld on appeal dated 04/03/14 noting that the request exceeds evidence based guidelines. A modification was not possible due to lack of telephonic consultation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient has completed 6 physical therapy visits to date for diagnosis of sprain/strain of lateral ankle. The Official Disability Guidelines support up to 9 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program as recommended by the guidelines. As such, it is the opinion of the reviewer that the request for additional PT 3 x 4 to right foot/ankle is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES